

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039672

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 273

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton Mo		c. CITY OR TOWN Clinton Mo	
Length of stay in 1b 3 YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) G-BAR H-Nursing Home		d. STREET ADDRESS (If outside, give location) Clinton Mo	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last JAMES HARVEY DUKES		4. DATE OF DEATH Month Day Year October 21-1963	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/20/1870
10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) Transfer & Farmer		10b. KIND OF BUSINESS OR INDUSTRY Freight line	11. BIRTHPLACE (City and state or country) Leesville Henry Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Bernard Dukes, Denver Co.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis Pulmonary Edema Myocardial Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH minutes 12 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis - Seizure		PART III. If deceased was female: was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1-1-1960 to 10-21-63 and last saw her alive on 10-21-63 Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clinton L. Glosy, D.O.		22b. ADDRESS Clinton Mo.	
22c. DATE SIGNED 10/22/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Oct 23 1963	23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) (State) Clinton Mo
24. FUNERAL DIRECTOR F.L. Schenberg 814 S 2nd St Clinton Mo		25. DATE RECD. BY LOCAL REG. Oct. 23, 1963	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

1 11/25
2 10/25
3
4 17
5 2
6
7 0
8 2
9 1/22
10
11
12 9/2
13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

F. L. Schaefer

Licensed Embalmer No.

4513

P. O. Address

Centerville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

10-23-63

(17.8)